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State/Territory Name Nevada

State Plan Amendment (SPA) #: 25-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 5, 2025

Ann Jensen, Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-25-0014

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0014. This SPA will make updates to add and clarify services for Adult, Youth and Family Peer Support. Additionally, the amendment will add clarifying language and remove the level of care grid to align with current clinical practice standards and service delivery models.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-25-0014 was approved on September 5, 2025, with an effective date of July 1, 2025.

If you have any questions, please contact Cecilia Williams at 410-786-2539 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Jenifer Graham
Sarah Dearborn
Theresa Carsten
Casey Angres
Cindy Kirstie
El Hermansen

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 4

2. STATE

NV3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
State Plan Under Title XIX of the Social Security Act 1905 (a) (13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Nevada State Plan Attachment 3.1-A Page 6a.4-6a.15~~

Attachment 3.1 A pages 6a.4- 6a.13

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Nevada State Plan Attachment 3.1-A Page 6a.4-6a.15~~

Attachment 3.1 A pages 6a.4- 6a.14

9. SUBJECT OF AMENDMENT

Peer Support Services: Updates to add and clarify services for Adult, Youth, and Family Peer Support.

Mental Health Therapy: Updates to clarify language and remove level of care grid to align with current descriptions of Mental Health Rehabilitative Services.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
RICHARD WHITLEY13. TITLE
DIRECTOR, DHHS14. DATE SUBMITTED
June 27, 2025

15. RETURN TO

Cynthia Leech, Compliance Agency Manager
DHCFP/Medicaid
4070 Silver Sage Drive
Carson City, NV 89701**FOR CMS USE ONLY**

16. DATE RECEIVED

June 27, 2025

17. DATE APPROVED

September 5, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

08/26/2025: NV concurred to a P&I change in writing via email to boxes 7&8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Licensed Alcohol and Drug Counselor (LADC)	<ul style="list-style-type: none"> • Group SUD Counseling • Intensive Crisis Stabilization Services • Crisis Intervention Services • Partial Hospitalization • Intensive Outpatient 	
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Certified Professionals		
Provider Type/Qualifications	Services Provided	Other Information
Certified Alcohol and Drug Counselor (CADC)	<ul style="list-style-type: none"> • Behavioral Health Assessment • Medication Assisted Treatment • Individual SUD Counseling • Group SUD Counseling • Intensive Crisis Stabilization Services • Crisis Intervention Services • Partial Hospitalization • Intensive Outpatient 	NA
Certified Alcohol and Drug Counselor Intern (CADC-I)		NA
Adult Certified Peer Support Specialist <ul style="list-style-type: none"> • Self-identify as having lived experience with a mental health or substance use disorder. • Hold active certification from a Nevada Medicaid-approved peer support specialist training program. • Engage in ongoing training as required by the state. • Cannot have a familial relationship to the recipient. 		N/A

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<p>Certified Family Peer Support Specialist</p> <ul style="list-style-type: none"> • Self-identify as a parent or caregiver of a child or youth with a mental health or substance use disorder. • Hold active certification from a Nevada Medicaid-approved peer support specialist training program. • Engage in ongoing training as required by the state. • Cannot have a familial relationship to the recipient. 	<ul style="list-style-type: none"> • Family Peer Support Services 	
<p>Youth Certified Peer Support Specialist</p> <ul style="list-style-type: none"> • Self-identify as having lived with a mental health or substance use condition or both and received behavioral health services as a youth. • Hold active certification from a Nevada Medicaid-approved peer support specialist training program. • Engage in ongoing training as required by the state. • Cannot have a familial relationship to the recipient. 	<ul style="list-style-type: none"> • Youth Peer Support Services 	

Qualified Mental Health Professional		
Provider Type/Qualifications	Services Provided	Other Information
Licensed Clinical Social Worker Intern (LCSW-I)	<ul style="list-style-type: none">• Mental Health Screen• Behavioral Health Assessment• Individual Therapy• Group Therapy• Family Therapy• Intensive Crisis Stabilization Services• Crisis Intervention Services• Partial Hospitalization• Intensive Outpatient• Day Treatment• Psychosocial Rehabilitation• Basic Skills Training	<ul style="list-style-type: none">• May provide Direct Supervision under Clinical Supervision of an independently Licensed Professional• Must be enrolled under a Behavioral Health entity/agency/group and supervised by a licensed professional as listed above.• Must have current supervision by the appropriate state licensing board
Licensed Marriage and Family Therapist Intern (LMFT-I)		
Licensed Clinical Professional Counselor Intern (LCPC-I)		
Qualified Mental Health Associate (QMHA)		
Provider Type/Qualifications	Services Provided	Other Information
Registered Nurse (RN)	<ul style="list-style-type: none">• Mental Health Screen• Medication Training and Support Services• Intensive Crisis Stabilization Services• Crisis Intervention Services• Partial Hospitalization• Intensive Outpatient• Day Treatment• Psychosocial Rehabilitation• Basic Skills Training	<ul style="list-style-type: none">• Must be enrolled under a Behavioral Health entity/agency/group and supervised by a licensed professional as listed above.

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Qualifying Individual with a bachelor’s degree in a Human Services field	<ul style="list-style-type: none">• Mental Health Screen• Intensive Crisis Stabilization Services• Crisis Intervention Services• Partial Hospitalization• Intensive Outpatient• Day Treatment• Psychosocial Rehabilitation• Basic Skills Training	<ul style="list-style-type: none">• Must be enrolled under a Behavioral Health entity/agency/group and supervised by a licensed professional as listed above.• May provide Direct Supervision of Rehabilitative Mental Health Services under Clinical Supervision of an independently Licensed Professional
Qualifying Individual with associate degree in a human services Field and Four (4) Years Verified Enrollment as a Qualified Behavioral Aide (QBA)		
Qualifying Individual with Bachelor’s degree in a Field Other Than Human Services and Four (4) Years Demonstrated Experience in Outpatient Treatment Services, Rehabilitative Treatment Services, Case File Documentation		
Qualified Behavioral Aide (QBA)		
Provider Type/Qualifications	Services Provided	Other Information
<p>Individual with a High School Diploma or GED Equivalent</p> <p>QBAs are required to participate in periodic and continuing in service and educational training as defined by the state.</p>	<ul style="list-style-type: none">• Basic Skills Training• Intensive Crisis Stabilization Services• Crisis Intervention Services• Day Treatment Services• Partial Hospitalization• Intensive Outpatient	<ul style="list-style-type: none">• Must be enrolled under a Behavioral Health entity/agency/group and supervised by a licensed professional as listed above.

2. Behavioral Health Rehabilitation Services

Behavioral health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, behavioral health wellness, and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate. Depending on the specific services they may be provided in a group or individual setting. Rehabilitative services that are delivered to collaterals (i.e. the beneficiary's family, caregivers, significant others, etc.) is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's plan of care and for the purpose of assisting the beneficiary's recovery.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized plan of care to achieve maximum reduction of symptoms and restore the recipient to their optimal level of functioning.

Medicaid-eligible children under EPSDT, can receive these and all other medically necessary services.

Rehabilitative services do not include:

- Room and board;
- Services provided to residents of institutions for mental diseases;
- Services that are covered elsewhere in the State Medicaid plan;
- Educational, vocational and job training services;
- Recreational and social activities;
- Habilitation Services; and
- Services provided to inmates of public institutions.

These services require utilization review according to the individual intensity of need. These services may also require prior authorization as determined by the state.

Services are based on an intensity of needs determination. The assessed level of need specifies the amount, scope and duration of mental health rehabilitation services required to restore, retain a recipient's level of functioning or prevent relapse. The determination cannot be based upon the habilitative needs of the recipient.

Intensity of needs determination is completed by a trained Licensed Professional, Qualified Mental Health Professional (QMHP), Certified Professional, or Qualified Mental Health Associate (QMHA) and is based on several components related to person- and family-centered care planning. These components include:

- A comprehensive assessment of the recipient's level of functioning;
- The clinical judgment of the licensed professional, certified professional or QMHP; or
- The clinical judgment of the care coordinator working under clinical supervision who is trained and qualified in mental health intensity of services determinations; and
- A proposed Plan of Care.

A re-determination of the intensity of needs must be completed every 90 days or anytime there is a substantial change in the recipient's clinical status.

Nevada Medicaid utilizes intensity of needs determination to determine the amount, duration, and scope of services based upon the clinical level of care of the recipient. The determination is based upon a nationally recognized, evidence-based, and standardized assessment tool as determined by the state.

The American Society of Addiction Medicine (ASAM) patient placement criteria is used to establish guidelines for level of care placements within the substance use treatment continuum and is performed by licensed and certified professionals.

All mental health rehabilitation services must meet the associated admission and continuing stay criteria.

Service Array:

1. *Assessments*: Performed by a Licensed Professional, Qualified Mental Health Professional, Certified Professional, or in the case of a Behavioral Health Screen a Qualified Mental Health Associate. Assessments are used for problem identification (diagnosis) and to establish measurable treatment goals and objectives. An assessment is not intended for entry into each of the services. It is provided as an overall assessment of the recipient's needs.
2. *Behavioral Health Screens*: Determine eligibility for admission to a treatment program. This is completed through a clinical determination of the intensity of need of the recipient. The objective of this service is to allow for the 90-day review for the intensity of needs determination and to determine either SED, SMI, or SUD if it has not already been determined.

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3. *Neuro-cognitive/psychological and mental status testing*: This service is performed by a Licensed Professional. Examples of testing are defined in the CPT; neuropsychological testing, neurobehavioral testing, and psychological testing. Each service includes both interpretation and reporting of the tests.
4. *Basic Skills Training*: Services in this category are rehabilitative interventions that target concrete skill restoration such as: monitoring for safety, basic living skills, household management, self-care, social skills, communication skills, family support skills, organization skills, time management, and transitional living skills. This service is provided in a variety of settings including community-based, outpatient services, and the home environment. The level of professional providing the services is dependent upon the needs of the recipient. This service is provided by a licensed professional, QMHP or QMHA, under the direction of a licensed professional or QMHP, or provided by a QBA under the direct supervision of a licensed professional, QMHP, or QMHA. This may be provided in a group or in an individual setting.
5. *Psycho-social Rehabilitation*: Services in this category are rehabilitative interventions that target specific behaviors. These services may include: behavioral management and counseling, conflict and anger management, interpersonal skills, collateral interventions with schools and social service systems, parent and family training and counseling, community transition and integration, and self-management. This service is provided in a variety of settings including, community-based, outpatient services, and the home environment. The level of professional providing the services is dependent upon the needs of the recipient. This is provided on an individual basis or in a group consisting of at least four individuals. Service is provided by a licensed professional, QMHP, or a QMHA. These services may be used to treat individuals determined to have severe emotional disturbance or serious mental illness. The level of care of the recipient is consistent with the high intensity community-based services.
6. *Intensive Crisis Stabilization and Crisis Intervention*: Comprise two distinct services that include supports, services, and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Services are brief, immediate and intensive interventions designed to reduce symptoms, stabilize the recipient, restore the recipient to their previous level of functioning, and to assist the recipient in returning to the community as rapidly as possible, if the recipient has been removed from their natural setting.
 - *Intensive Crisis Stabilization*: Time-limited (less than 24 hours), intensive, facility-based crisis treatment and stabilization services. Services include

comprehensive assessment and observation; crisis intervention; psychiatric, substance, and co- occurring treatment; treatment and safety planning; and referral to ongoing treatment, with an emphasis on services necessary to stabilize and restore the individual to a level of functioning that can be managed at a lower level of care.

- *Crisis Intervention*: A brief intervention that includes safety and risk screening, assessment, stabilization and de-escalation and coordination with, and referral to, health, social, and other services and supports as needed. These services may be mobile, responding to the location of the recipient and may be provided in a variety of settings, including, but not limited to, psychiatric emergency departments, homes, hospital emergency rooms, schools, child protective custody, and homeless shelters. Crisis intervention services include follow-up and de-briefing sessions to ensure stabilization and continuity of care.

This service is allowable for all levels of care.

- *Section 1947 Mobile Crisis Services (effective July 1, 2023)*: Mobile crisis services under Section 1947 (Qualifying Community-Based Mobile Crisis Intervention Services) must meet all requirements under Section 1947 and are provided to Medicaid beneficiaries outside of a hospital or other facility setting and are available 24 hours per day, 7 days a week. Mobile crisis teams under Section 1947 must meet team composition requirements at 1947(b)(2)(A), which includes, at a minimum, one behavioral health professional who may conduct assessment within his or her authorized scope of practice under state law and other professionals or paraprofessionals with appropriate expertise in behavioral health care. At least one of the qualified practitioners must provide services in person with the Medicaid beneficiary.

7. *Substance Use Disorder (SUD) Counseling*: Counseling to help individuals reduce or stop their substance use, manage cravings and urges, and develop coping mechanisms to prevent relapse.. Provided by a licensed or certified professional for individual and group counseling with the recipient present.
8. *Mental Health Therapy*: Mental health treatment services provided by a licensed professional or QMHP for individual, group, and/or family therapy with or without the recipient present. Mental health therapy is available at all levels of care and must be of a direct benefit to the recipient
9. *Day Treatment Services*: A comprehensive array of direct mental health and rehabilitative services which are expected to restore an individual's condition and functioning level for

effective community integration. Admission to this program requires: a recipient's clinical and behavioral functioning to require intensive, coordinated, multi-disciplinary intervention within a therapeutic milieu. Day treatment is provided in a structured therapeutic environment. Day treatment services target emotional, cognitive and behavioral functioning within a variety of actual and/or simulated social settings. Day treatment services provide recipients with the opportunity to implement and expand upon what they previously learned/gained from other mental and/or behavioral health therapies and interventions in a safe setting. Services must be provided by a licensed professional, QMHP or by a QMHA under the direct supervision of a licensed professional.

Mental health therapy and day treatment cannot be billed for the same time period. This service is consistent with intensive integrated outpatient services.

10. *Peer Support Services (Adult, Family, and Youth):*

Adult Peer Support Services provide structured, recovery-oriented interventions delivered by Certified Peer Support Specialists who have lived experience with mental health or substance use disorders. These services assist individuals in achieving recovery, building self-advocacy skills, managing symptoms, and accessing community resources. There are two modalities for Adult Peer Support Services: Adult Mental Health Peer Support Services to support individuals with mental health disorders, and Adult Recovery Peer Support Services to support individuals with substance use disorders.

Family Peer Support Services provide structured, recovery-oriented support to parents and caregivers of children and youth with mental health or substance use disorders. Certified Family Peer Support Specialists are adults with lived experience as parents or caregivers of children or youth with mental health or substance use disorders. Certified Family Peer Support Specialists assist families in navigating behavioral health systems, building self-advocacy skills, and promoting resilience within the family unit.

Youth Peer Support Services provide structured support to youth with mental health or substance use disorders. Certified Youth Peer Support Specialists are young adults with lived experience as a youth with mental health or substance use disorders. These services assist youth in building self-advocacy skills, developing wellness goals, navigating youth-serving systems, and transitioning to adult-serving systems.

Peer Support services are for the direct benefit of the recipient. Services may be provided individually or in groups. Services must be documented in the recipient's plan of care and delivered in coordination with a care coordinator or child and family team/interdisciplinary team.

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Peer Support Specialists may provide these services on an individual basis in collaboration with a behavioral health provider or behavioral health provider agency, or as part of an agency that provides only peer support services. Supervision for Peer Support Specialists must be provided by a clinical supervisor or certified Peer Support Specialist Supervisor. The requirements for each model are outlined below.

1. **Individual Peer Support Specialist.** Any individual who has had lived experience as an individual with social, emotional, developmental, intellectual, health, and/or behavioral health care needs. Individual Peer Support Specialists are contractually affiliated with a health care or behavioral health provider agency, or an independent licensed mental health professional.
2. **Peer Support Services Agency.** An agency that is peer-led and enrolled as a Peer Support Services group enrolled as a Medicaid provider and meets all requirements to maintain status as an approved Medicaid provider.

11. *Intensive Outpatient Services:*

A comprehensive array of direct mental health and rehabilitative services to help restore an individual's highest level of functioning and for the prevention of relapse or hospitalization. These services are provided to individuals who meet the state's medical necessity criteria for the services. Intensive outpatient services require the availability of 24/7 psychiatric and psychological services.